FORM D

UNITED STATES SAND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D 4Q2MOHT CE OF SALE OF SECURITIES SUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1301906	7
OMB AP	PROVAL
OMB Number: Expires: Estimated average b hours per respons	3235-0076 May 31, 2005 urden e16.00
SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series B Preferred Stock and the Common Stock issuable upon conversion thereof	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer.	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) WaveMarket, Inc.	04041533
Address of Executive Offices (Number and Street, City, State, Zip Code) 5858 Horton Street, Suite 250, Emeryville, CA 94608	Telephone Number (Including Area Code) (510) 601-7012
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
	第 3
Brief Description of Business Software Development	ASE \$ 6 200
Type of Business Organization	
□ corporation □ limited partnership, already formed □ other	(please specify):
business trust limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year O 7 O 0 CEnter two-letter U.S. Postal Service Abbreviation CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC I	DENTIFICATION DATA								
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply: Promoter Beneficial Ow	ner 🛛 Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Roumeliotis, Tasso									
Business or Residence Address (Number and Street, City, State, Zip 5858 Horton Street, Suite 250, Emeryville, CA 94608	o Code)								
Check Box(es) that Apply: Promoter Beneficial Ow	ner Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Buhl, Peter									
Business or Residence Address (Number and Street, City, State, Zipc/o Nokia Venture Partners 545 Middlefield Road, Suite 210, M	•								
Check Box(es) that Apply: Promoter Beneficial Ov	wner	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Torresi, Enzo									
Business or Residence Address (Number and Street, City, State, Zipc/o MyQube FBO Saturn Venture Partners 10001 North DeAns	,	CA 95014							
Check Box(es) that Apply: Promoter Beneficial Ov	vner 🔀 Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Wimmer, Gregory									
Business or Residence Address (Number and Street, City, State, Zip 5858 Horton Street, Suite 250, Emeryville, CA 94608	Code)								
Check Box(es) that Apply: Promoter Beneficial Ow	mer Executive Officer	· Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Nokia Venture Partners and affiliates									
Business or Residence Address (Number and Street, City, State, Zip 545 Middlefield Road, Suite 210, Menlo Park, CA 94025	o Code)								
Check Box(es) that Apply: Promoter Beneficial Ow	rner	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if individual) Saturn Ventures Partners									
Business or Residence Address (Number and Street, City, State, Zip	Code)								
10001 North DeAnza Blvd., Suite 301, Cupertino, CA 95014 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Ov	wner Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individual)			iriunuging I aitiici						
Ioppe, Iggy									
Business or Residence Address (Number and Street, City, State, Zip	Code)								
80 Village Greenway, Toronto, ON M2J1K8 (Use blank sheet, or copy and	l use additional copies of this shee	t, as necessary)							

					В. П	NFORMAT	TION ABO	UT OFFE	RING				
1.	Has the	e issuer sold	l, or does the	e issuer inte		to non-accre ver also in A			•			Yes	No ⊠
2. What is the minimum investment that will be accepted from any individual?											-	N/A	
3.	Does th	ne offering	oermit joint	ownership	of a single	unit?			******			Yes ⊠	No □
4.													
Full	Name (Last name f	first, if indiv	ridual)									
Busi	iness or	Residence	Address (Nu	imber and S	Street, City	, State, Zip	Code)						
Nan	ne of As	sociated Bro	oker or Deal	ler				, ,					
State	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
((Check "A	All States" o	or check ind	ividuals Sta	ates)		•••••			••••••	,	🔲 А	Il States
[[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
1	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name f	irst, if indiv	idual)									
Busi	iness or	Residence A	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Nam	ne of As	sociated Bro	oker or Deal	ler									
State	es in Wł	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
((Check "A	All States" of	or check ind	ividuals Sta	ates)		•••••					🗖 A	ll States
[[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
ĺ	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
l	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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Full	Name (Last name f	irst, if indiv	idual)						_			
Busi	iness or	Residence A	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Nam	ne of As	sociated Bro	oker or Deal	ler					*******				
State	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
((Check "A	All States" o	or check ind	ividuals Sta	ates)			•••••				🔲 А	ll States
ı	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
l	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
i	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS	. 1
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregata	Amount Already
	Type of Security	Aggregate Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	\$ 9,900,000.00	\$ 9,249,999.88
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 9,900,000.00	\$ 9,249,999.88
	Answer also in Appendix, Column 3, if filing under ULOE.		
	and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors		Aggregate Dollar Amount of Purchase \$ 9,249,999.88
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	There of Official	Type of	Dollar Amount
	Type of Offering Rule 505	Security	Sold \$
	Regulation A		\$ \$
	Rule 504		- 3
	Total		\$
	10tai		Φ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	า	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 40,000
	Accounting Fees		\$
	Engineering Fees.		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 40,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	ed gross	<u>\$ 9,209,999.88</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the estimate. The total of the payments listed must equal the adjusted gross proceed issuer set forth in response to Part C — Question 4.b above.	the box	
	Payments to Officers, Directors Affiliates	& Payments to Others
Salaries and fees	\$	_ 🗆 \$
Purchase of real estate	\$	_ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	S	_ D \$
Construction or leasing of plant buildings and facilities	s	_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_ 🗆 \$
Repayment of indebtedness	🔲 \$	_ 🗆 \$
Working capital	S	\$ 9,209,999.88
Other (specify):		
		_ 🗆 \$
Column Totals	S	
Total Payments Listed (column totals added)	🛛 <u>\$ 9</u>	,209,999.88

FEDER			

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
WaveMarket, Inc.	Jessey / Mix	8/18/04
Name of Signer (Print or Type)	Title or Signer (Print of Type)	
Gregory Wimmer	Chief Financial Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provis	ions of such rule?	Yes	No				
	• See Appendix, Column 5, for state response.			•				
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state i (17 CFR 239.500) at such times as required by state law.	n which this notice is fi	led a notice of	on Form D				
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written offerees.	3						
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be Offering Exemption (ULOE) of the state in which this notice is filed and understands that the has the burden of establishing that these conditions have been satisfied.							
	The issuer has read this notification and knows the contents to be true and has duly caused this not duly authorized person.	ice to be signed on its b	ehalf by the u	indersigned				
Iss	Issuer (Print or Type) Signature	Date	:	,				
W	WaveMarket, Inc.		8/18/	04				
Na	Name of Signer (Print or Type) Title or Signer (Print or Type)			F				
\mathbf{G}	Gregory Wimmer Chief Financial Officer	•						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	4					5
	non-ac inves St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number 6	Type of investor and amount purchased in State (Part C-Item 2)			under UL (if yes explan waiver	lification r State OE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL								100	1,10
AK									
AZ									
AR									
CA		Х	Series B Preferred Stock	5	\$9,249,999.88				Х
СО				-					
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL							_		
IN									
IA									
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MS									
МО									
МТ							_		
NE									
NV							· · · · · · · · · · · · · · · · · · ·		

APPENDIX

1		2	3				5		
•	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under UL (if yes, explan waiver	ification State OE attach attion of granted -Item 1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NH	,								
NJ			·						
NM									
NY									
NC									
ND									
ОН									
OK									
OR							· · · · · · · · · · · · · · · · · · ·		
PA									
RI									
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SD	,								
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